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PRIVATE NURSING IN PARIS.

Private nursing in Paris is rather a luxury in a way, that is, no nurse should come over here to try it without at least a small income, no matter how good the letters are she has to the doctors here from those she has nursed for across the water. The doctors are charming and willing to help us as much as they can, but they cannot make cases, and although we have a large American colony, they are people who travel, and are here for only a very small portion of each year.

The trained nurse depends largely on the tourists. There are only about thirty American nurses in Paris, and even they have not enough to keep them busy all the time; some of them prefer this, as it enables them to study French and to travel. I believe there are a hundred and sixty English nurses working here, but they are mostly employed by English doctors, and the English colony is large. The French doctors are just beginning to want American-trained nurses. When I say American-trained, I mean Canadian also, because our training in both countries is the same, and over here we are all known as Americans. We have no Nurses' Registry in Paris, and no hospital to help us out, although there is one in the course of construction. The nurses band themselves together in small numbers and usually rent an apartment, which they make homelike and attractive. I know of four charming apartments that American and Canadian nurses have here.

During the summer months it is surprising the number of women who come over and join us. They have all heard glowing accounts of the life abroad, and they want to try it. Even when we tell them of the months of idleness they may have they *will* stay, very often to return to America a few months later, wiser, and poorer, for expenses in Paris are rather high, and it costs a lot of money to live here. I do not wonder they feel like remaining in spite of all we say, for there is much to learn and see in this beautiful city, not in a nursing way, but so much history and beautiful pictures, statues, buildings and parks, that after a three years' hospital course and several years

of hard private duty, one becomes fascinated with beautiful trees, the lovely river, the museums, and hundreds of other things, and longs and hungers to rest a while, and snatch a few hours between cases to enjoy the beauties everywhere, the flower markets, the book stalls along the quays, or to drop into an old and beautiful church to rest in a quiet corner. When I do this I forget there is a world outside, it seems so peaceful to be there alone, thinking of the past and all that happened in that same quiet church. They are badly ventilated places, though, in spite of the wonderful stained glass windows and lofty ceilings. The parks and avenues, the little, narrow, crooked streets, the calls of the vendors, the queer double-decked trams, are all odd and attractive in their way, and while they hold us and we love them, they do not fill our pockets, nor do they supply our daily needs.

The past year has been an exceptionally poor one for nurses in Paris, even those who have been here for years and are well known have not done as well as in other years. I have come across several nurses who have not made enough to pay their expenses and who would willingly return to America if they had sufficient means to do it with. However, it is a splendid education for any woman to have a few weeks or months over here. I have been here for almost four years and, while it is dear to me and there is much to learn, my one thought is that Home and Canada are always waiting for me, and before long I shall find my way back to dear, beautiful Toronto, and to my friends, to remain with them always. This is my dearest wish, and to see the great future that is in store for Canada.

M. A. T.

SHOULD NURSES-IN-TRAINING BE PAID.

It is perhaps presumptuous of one whose experience of hospital methods was confined to three years' training to venture to criticize the existing order of things. But even in three years one may gain much food for reflection, and form many opinions, which may or may not be correct.

To tell the truth, I have somewhat the same exhilarated feeling as the small boy has, who, safe from the parental eye, wields a brand new hatchet. Only I hope that I may strike with more discretion and better reason than is usually displayed by small boys.

In this paper I intend to enter a protest against the "non-payment" system which has been adopted by a good many of the larger training schools. Those in its favor contend, I believe, that it shuts out an undesirable class of women; that the providing of uniforms, books, etc., more than makes up for the

lack of payment; and that nursing is thus raised from a commercial to an educational standpoint. No mention is made of the saving to the hospital, which undoubtedly must be very great. If the second contention were true, it would disprove the first, but it is not true, as I will prove later.

Granted that the first contention may be true in some instances, the "non-payment" system also shuts out a great many well educated and desirable women, to whom some remuneration is absolutely essential. There are many women, not wishing to be a burden on their people, to whom nursing offers a way to a useful independence, women who shrink from office work, or the various forms of domestic slavery open to gentlewomen, such as companion, or nursery governess, or "lady help," and these women cannot afford to work for three years for nothing, and yet many of them would undoubtedly make excellent nurses.

Again, this system encourages the class of "dilettantes" who enter the training school merely because of ennui, or to escape unpleasant conditions at home, or for a fad, or from some purely sentimental idea of the beauty or nobleness of the life, who are ready to pack up and leave at the first show of authority or hint of anything disagreeable. Surely women to whom the training means present existence and future bread and butter will be more careful and more in earnest about their work, and try harder to please than those to whom it is a matter of indifference whether they remain or not.

It seems that the chief qualification for entrance should be an educational one, and that her aptitude and fitness for the work should determine whether the probationer be kept or not. This qualification would be a barrier against undesirables, while not closing the doors against the needy gentlewoman.

That the second contention is not true I know very well. There are many nurses who have kept themselves in irreproachable uniforms, bought their books, and yet had not a cent more than the eight or ten dollars a month, or whatever it was they received. Others of course could not do it. As in everything else, it depends upon the individual. But it can be done, for it has been done over and over again, and, further, I cannot see that those who are independent need object to taking money that is certainly well earned.

It may be argued that the hospital pays for untrained work and that the knowledge the nurse gains is more than payment for her work, but is it? The work does not remain untrained for very long, and, trained or not, where would the hospital be without the nurse-in-training? It is the opinion of many that the hospital gains more in the long run than the nurse, who leaves the hospital with a diploma and a certain amount of knowledge it is true, but very often with shattered health and nerves.

What mistress would dare to suggest in these days of domestic anarchy, that a servant, even the most ignorant and inexperienced, should come to her for training alone? She might, it is true, settle on a small wage at first, to be increased as the usefulness of the servant increased.

The way that many hospitals manage seems to be the most rational way—that of having a scale of payment. The probationer receives nothing, but when the nurse's training begins to count, as it certainly does in a few months, she is paid accordingly, and as the responsibility and usefulness grow the payment is increased.

The hospital must gain tremendously by the training-school system. It would be impossible to obtain the same amount of hard physical work from graduate nurses, and there could be no guarantee of their remaining, as there is with the undergraduate nurse, who will endure anything rather than lose the chance of winning her diploma, especially if she has been a good many months in the hospital.

There would probably not be the dissatisfaction there appears to be now over the three years' course if the nurses were well paid.

It certainly does not seem right or businesslike to reap the benefit of three years of hard work and give no return for it. It will be argued that the nurse reaps the benefit afterwards, but generally she is too worn out to work for many months after her graduation, and this enforced holiday is often a very expensive loss of time.

There is no class of men who would submit, even for a large salary, to such long hours as the average nurse-in-training, or, relatively would work as hard. It is no exaggeration to say that often nurses-in-training have been on duty for twenty-four to twenty-eight hours without sleep, and that for days together they have had an average of four hours' sleep a day, and yet are supposed to do responsible work. It can be done, of course, but at what a cost to the woman's future health the hospital authorities either do not know or care. The nurses endure this state of things because it does not last forever, and they are afraid to protest, for fear of being dropped and losing the coveted diploma. But it appears that a change must come in the near future, as the number of applications is rapidly decreasing, and something will have to be done to encourage women to enter this field of work, where the demand for them is so great, and which seems to be specially fitted for women of intelligence and education. It is certainly no inducement to feel that one may give three good years of hard work to the hospital in return for a training which promises to be the means of independence, only to find at the end of the course that one is a wreck, physically, and sometimes mentally. It looks as though those in

authority care nothing for the future welfare of the nurse, so long as they can get the maximum of work from her during the three years she is forced to spend under their care.

And now for the third point. It is perfectly true that nurses are being taught much more than formerly, but how much good it does is a matter for the future to decide. That the present-day nurses are any better qualified for responsible work than those who graduated ten years ago is very doubtful. Indeed, it seems to me that the modern nurse could learn many valuable lessons in *nursing* from the older graduates.

The mere head work cannot count so much, for the reason that few nurses are fit for studying after a long day's work. I admit that the more a nurse knows the greater will be her usefulness, but is it reasonable to expect a woman to do sixteen hours' work in twelve and then to be ready to study the chemistry of foods or to estimate calories? If nurses want to specialize, well and good. But let them do it after they learn how to care for sick people, and this they learn not out of books, but in the wards. Let them spend the first years in the wards and then in the final year learn any of the special branches of nursing they may elect to study. But while they are studying, let their actual physical labor be much less arduous than before.

I may be mistaken in thinking that the hospital saves money by the "non-payment" system, but the fact that many nurses can get along very comfortably on ten uniforms and a dozen aprons in three years would suggest that there must be a considerable amount of money saved.

We will suppose that each uniform costs five dollars, and allow thirty dollars for books, aprons and caps. That would be eighty dollars for the three years. If the payment were even only ten dollars a month it would mean a saving of two hundred and eighty dollars for every nurse. So that for a staff of sixty nurses the amount saved would be sixteen thousand eight hundred dollars, much more than would pay the salaries of the special teachers now employed by the hospital boards.

It is true that the nurses are better housed and better fed than formerly, but as the residences are generally the gift of some philanthropist, it costs the hospital nothing, except for maintenance, and as for the food it is only right that the women who are expected to do such vitally responsible work should be well cared for in the matter of diet.

A. E. B.

OTHER educational institutions are expected to improve their conditions, and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.—*M. Helena MacMillan.*

LOYALTY.

We very often hear nurses speaking in a dissatisfied tone of the hospital in which they have received their training, and start into the nursing field with the expectation of obtaining success purely on the strength of their diploma; or perhaps they may choose to lengthen their course by a post-graduate course, giving it the full credit of any knowledge they may have acquired, forgetting that had they not taken the first training they would not have been permitted to take a post-graduate course. If during this period we do not speak loyally of our hospital, superintendent and sister nurses, we cannot expect to meet with the same respect as would otherwise be shown us. If a nurse has made good use of the time spent in training, let it be two or three years, as the case may be, she has obtained valuable knowledge. The same principles hold good in making a bed, poultice, or giving a sponge bath, douche, or saline enema, in a hospital accommodating sixteen patients, as in a hospital accommodating one hundred and sixteen patients.

By being disloyal to our own training school we are standing in the way of our advancement and should not expect success. Mrs. Smith, or Jones, who has overheard a nurse speaking disloyally of her training is not likely to seek after her to nurse her husband or child, let her be ever so efficient a nurse. We must speak truthfully, and if a nurse speaks loyally of the hospital lecturers and superintendent from whom she has received her training she will be admired by her friends, and they who perhaps have not too high an opinion of the hospital in which she trained will in time be persuaded to think well of the institution. Loyalty is one of the secrets of a nurse's success. The custom followed by so many pupils and also graduates, of addressing one another by the surname is unwomanly, undignified and disloyal. Do we ever hear a doctor speak to a nurse or a brother physician as "Smith" or "Jones"? Does he ever fail to use the professional title?

There could be no question of disloyalty on the part of doctors toward nurses if nurses stood solidly together in their loyalty towards each other. No man can practise medicine among the best people and be in such bad repute with the nurses of his community that he cannot get one of them to take his cases. In the same proportion that a nurse depends upon the doctor for her work, the doctor depends upon the nurse for the success of his cases. When nurses are as loyal to each other as the doctors are to each other, then the doctors will be obliged to be loyal to the nurses, as the nurses are now to them.

This question of loyalty needs to be given greater attention in the training schools, both by precept and example, and should

also be taken up in the alumnae associations, and when a member is shown to have been disloyal to a sister nurse it should be met with disapproval from the association.

MARY H. FOGARTY.

Riverdale Hospital, Toronto.

A GREAT BANQUET.

The banquet to Miss Isla Stewart, President of the Matrons' Council of Great Britain, and for twenty-one years matron of St. Bartholemew's Hospital, which took place in the Georgian Hall of the Gaiety Restaurant, certainly ranks with the greatest public events in the history of the nursing profession. As the *British Medical Journal* says, the dinner differed from other great occasions of the kind only in the fact that there were more present than in the majority of dinners, and three-fourths of the guests were ladies.

All our British contemporaries have interesting accounts of the proceedings, but we are especially indebted to the greatest of them, *The British Journal of Nursing*, for the following account: Mrs. Bedford Fenwick presided, and all the leaders of the nursing profession were present, among others, M. Andre Mesureur, *Chef du Cabinet du Directeur de l'Assistance Publique*, Paris, Mme. Alphen Salvador, President-Foundress of the Nursing School in the Rue Amyot, who also came specially to London to show her appreciation of Miss Stewart's work, Mr. and Mrs. Harrison Cripps, Dr. and Mrs. Champneys, Dr. Bedford Fenwick, Dr. de Courcy Wheeler, from Dublin, Dr. Kerr, Medical Officer, London County Council, Miss Keer, Matron-in-Chief, Q.A.I.M.N.S., R.R.C., and Miss Sidney Browne, late Matron-in-Chief, R.R.C., Miss Finch, Matron University College Hospital, Miss Cox Davies, the newly-elected President of the Bart's League, Matron of the Royal Free Hospital, Miss Pelen Pearse, Superintendent of School Nurses under the London County Council, Miss Musson, Matron of the Swansea General Hospital, Mrs. Kildare Treacy, of Dublin, Miss Courtenay Smith, Miss Oram, Q.A.I.M.N.S., R.R.C., Mr. Hayes, Clerk to St. Bartholomew's Hospital, the Lady Hermione Blackwood, Miss Barton, Matron Chelsea Infirmary, Miss Todd, Matron Wandsworth Infirmary, Miss Milne from Philadelphia, Miss Villiers, Matron Fountain Hospital.

After toasts to the King and Queen and the Royal Family, came the toast of the evening, "The Health of the Guest of Honor," proposed from the chair, by Mrs. Bedford Fenwick; and the presentation of an illuminated address.

Mrs. Fenwick said:

Dear Isla Stewart, our Guest of Honor, Ladies and Gentle-

men,—We have met together this evening to offer our united congratulations to Miss Isla Stewart upon having attained her majority as Matron and Superintendent of Nursing at St. Bartholomew's Hospital, and also to convey to her something of the appreciation of the Nursing Profession at large, that, during a record of nearly thirty years' devoted work for the welfare of the community, she has been for all that time a bright example to the nurses of the world.

Mrs. Fenwick gave a dramatic and interesting outline of Miss Stewart's career, alluding to her Highland descent, her apprenticeship at "Bart's" as a Nightingale probationer, and her steady progress in her work until she became sister. In 1885, during an epidemic of smallpox, she had charge of the Camp at Darenth, where there were one thousand smallpox patients. Finally, in 1887, she was appointed the successor to many generations of nursing brothers and sisters, who, for eight hundred years, have followed the pious Founder, "Rahere." "How she has graced that lofty position, how far-reaching has been her influence for good, what of respect and affection she has won, the majority of those here to-night know full well."

Continuing, Mrs. Fenwick described Miss Stewart's services to the profession as a whole, especially in regard to State Registration. "As a public servant, Miss Stewart deserves all praise, but it is her own self we warmly love." The address was then presented in these words:

"We, the members of the Matron's Council, welcome this as a fitting opportunity to offer our congratulations on your long and successful career. Your high character, unfailing courtesy, and large-minded tolerance have secured for you the respect and esteem of all connected with the nursing profession. As an evidence of our affectionate regard we beg you to accept this Address, with our best wishes, and our earnest hope that you may long be able to continue your important work."

Then came the toast:

Ladies and gentlemen, I give you the Toast, "Isla Stewart. Long life to her, health, honor, and happiness."

The toast was received with enthusiastic acclamation.

A number of exquisite floral tributes were then presented to Miss Stewart, a specially graceful and charming intrelude.

For the Matrons' Council, Miss Rogers brought an exquisite bouquet of Souvenir de Malmaison carnations, tied with turquoise ribbon. For the National Council of Trained Nurses, in place of Miss Forrest, Miss H. L. Pearse presented a bouquet of pure white roses, tied with green ribbon. The offering of the Society for the State Registration of Trained Nurses was made by Miss Huxley. It consisted of a beautifully arranged basket, containing masses of magnificent scarlet geraniums, corn-flowers, and white sweet peas, and tied with the national colors, red, white, and blue. The Scottish Registration Committee sent a lovely bouquet of

salmon-pink Eckford sweet peas, tied with ribbons to match, and in the unavoidable absence of Miss K. L. Burleigh, Miss Appleyard, formerly a warm supporter of the Registration movement in Scotland, gave it to Miss Stewart.

A most splendid basket containing that pearl of roses, the beautiful and fragrant Mme. Chateney, and sprays of exquisite heliotrope, was the gift of the Sisters of St. Bartholomew's Hospital, the presentation was made by Miss Mabel Sleigh, Sister of Lucas Ward, but the assistance of a mere man was necessary to carry this magnificent trophy up the room. The nurses of St. Bartholomew's also sent by Miss Graham a charming bouquet of pink carnations and white heather tied with white satin ribbon. Miss Julia Hurlston, Senior Member of the Registered Nurses' Society, presented on its behalf a bouquet of choice roses. Perhaps the most *distingue* of all was a shower bouquet given by Mme. Alphen Salvador, of the roses of France, tied with the colors of France. This again was composed of the exquisite French rose, Mme. Chateney.

The Chairman then announced that M. Andre Mesureur would confer a signal honor on Miss Isla Stewart, and that he was commissioned to convey to her a special medal from the *Assistance Publique* of Paris.

Miss Stewart's reply was by turns historical, eloquent, humorous, and courageous. It showed all the great qualities which have made her what she is. We regret that our space will only permit of printing her closing words:

"The charm of a nurse's life is its acute human interest, and this is much more the case with a Matron; for in her staff she deals mainly with the young. Colonel Pendennis, that inimitable world-worn cynic, said to his prig of a nephew, "I take my time from young men," and Ibsen told us, as a threat, that the young were knocking at the door. It is to the young that the world belongs, because they can wait. It is in the training of the probationers, in watching their development, that the Matron gets her chief pleasure; it is in association with them that she keeps her youth. It is in dealing with their faults that she finds need of tolerance, and encouraging their efforts that she needs a wide mind, for if she gives much she receives more.

"Before sitting down, I must again thank the Matrons' Council of Great Britain and Ireland for the great honor they have done me. We have done much good work in the past, and I see very strenuous busy years in the future when I hope we will work with the same good fellowship.

"To you all who have come to pay me the compliment, I kiss my hands."

"The Nursing Profession," and "The Guests," were duly honored, and Mme. Salvador was presented with a beautiful bouquet of English roses, by Mr. F. B. Fenwick, on behalf of the International Council of Nurses.

So closed a memorable and even wonderful scene.

THE AMERICAN HOSPITAL ASSOCIATION.

Attention is again called to the Convention of the American Hospital Association, which begins in Toronto, September 29th, and continues four days. This date is one week later than formerly announced, the change of date having been made necessary because of local conditions. This Association is composed of representatives of the hospitals of the United States and Canada—hospital superintendents and trustees. Within the last year its membership has increased almost fifty per cent., and the Toronto convention will undoubtedly be the largest and most enthusiastic in its history. It is the first meeting that has been held in Canada, and as many years will probably elapse before Canadians will again have the opportunity of entertaining the Association, it is hoped that hospital superintendents, trustees, nurses, physicians—all who are interested in the care of the sick—will take advantage of this opportunity of hearing and seeing and meeting the hospital leaders of the two countries.

The programme, which we append, is splendidly educational and inspirational.

The King Edward Hotel will be the official headquarters of the convention.

Mr. John Ross Robertson, First Vice-President of the Association, will give a reception to the visiting members and friends at the Nurses' Residence of the Hospital for Sick Children. Friday afternoon will be devoted to visiting the hospitals of the city.

All sessions are open to the public, and nurses are urged to make their plans to attend as many of the meetings as possible. Following is the tentative programme:

"The Inspection of Nurse Training Schools: Its Aims and Results"—Miss A. L. Alline, Inspector of Nurse Training Schools, N.Y., State Education Department; "Some Problems of the Training School for Nursing"—Miss M. A. Nutting, Director, Department of Hospital Economics, Teachers College, Columbia University, N.Y.; "Relation of the Training School to Hospital Efficiency"—Miss C. A. Aikens, Associate Editor, *The National Hospital Record*, Detroit; "Report of the Sub-Committee on the Training of Nurses"—Rev. A. S. Kavanagh, D.D., The Methodist-Episcopal Hospital, Brooklyn, N.Y.; "Report of Sub-Committee on Hospital Efficiency, Hospital Finances, and the Economics of Administration"—E. S. Gilmore, Wesley Hospital, Chicago; "A Layman's View of Hospital Work"—J. Ross Robertson, The Hospital for Sick Children, Toronto; "The Visiting Committee as an Aid to the Safe Conduct of Public Hospitals"—Mrs. George S. Bixby, New York City Visiting Committee of the State Charities Aid Asso-

ciation; "Problems in the Management of Small Hospitals"—Theo. R. MacClure, M.D., Solvay General Hospital, Detroit; "Some Scientific Aspects of Hospital Management"—John A. Hornsby, M.D., Michael Reese Hospital, Chicago; "Trained Housekeepers"—Miss M. U. Watson, Director, Home Economics Department, Macdonald Institute, Guelph, Canada; "The Relation Between the Superintendent and the Staff"—Miss E. McL. Patton, Grace Hospital, Toronto; "Report of Sub-Committee on Uniform Accounting"—C. Irving Fisher, M.D., Presbyterian Hospital, New York; "Note on the Enlistment of Government Indian Ladies as Nurses"—J. Edward Stohlmann, Jr., The German Hospital, Brooklyn, N.Y.; "Co-operation in Dispensary Work, as Exemplified by the Association of Tuberculosis Clinics of New York"—James Alex. Miller, M.D., President, the Association of Tuberculosis Clinics of the City of New York; "Report of Sub-Committee on Out-Patient Work"—John M. Peters, M.D., Rhode Island Hospital, Providence; "Out-Patient Work at the Massachusetts General Hospital"—Frederick A. Washburn, M.D.; "Out-Patient Work at the Worcester City Hospital"—Thomas Howell, M.D.; "Out-Patient Work at the Massachusetts Homeopathic Hospital"—W. O. Mann, M.D.; "Report of Sub-Committee on Hospital Construction"—J. N. E. Brown, M.B., Toronto General Hospital; "The Municipal Hospital Architecture of the City of New York"—Raymond F. Almirall, Architect, New York City; "The Planning and Construction of Hospitals for Smaller Cities and Towns" (Illustrated)—Meyer J. Sturm, Architect, Chicago; "Report of Sub-Committee on Medical Organization and Medical Education"—Joseph B. Howland, M.D., Massachusetts General Hospital, Boston; "Infectious Diseases in General Hospitals: Their Proper Control from the Standpoint of Sanitary Science"—Robert J. Wilson, M.D., Superintendent of Hospitals, Department of Health, City of New York; "The Hygiene of Infectious Diseases in Medical Wards"—D. L. Edsall, M.D., Professor of Therapeutics and Pharmacology in the University of Pennsylvania; "Hospital Treatment of Contagious Diseases"—Charles Sheard, M.D., Medical Health Officer, Toronto.

HURRY.—No two things differ more than hurry and dispatch. Hurry is the mark of a weak mind, dispatch of a strong one. A weak man in an office is like a squirrel in a cage—is laboring eternally, but to no purpose; like a turnstile, he is in everybody's way, but stops nobody; he talks a great deal, but says very little; looks into everything, but sees into nothing, and has a hundred irons in the fire, but very few of them are hot, and with the few that are he burns his fingers.—*Colton.*

Clinical Department

MAKING THE PATIENT COMFORTABLE.

The difference between comfort and discomfort, both in sickness and in health, lies mainly in attention to a great many little details, many of which may seem very trivial. Early in a nurse's career she needs to be taught that there is nothing that concerns the comfort of a patient that is small enough for her to be careless about. She needs to be thoroughly impressed with the idea that a mechanical adherence to orders is far from being enough; that the comfort of the patient is her first and last consideration. Her whole nursing career should be a progression in regard to this matter. It matters little if she can "say her bones" perfectly; if she can take one hundred per cent. in an examination in embryology; if she has mastered the secrets of chemistry and is in every way a brilliant student. The main question after all as regards a nurse is, "Does she know how to care for the patient intelligently and keep him as comfortable as possible, in body and mind?" She who is able to buoy up a patient's spirits, keep him happy and contented in spite of adverse circumstances, and remove all causes of discomfort as far as possible, has gone far toward making him well. Much more emphasis and teaching, both theoretical and practical, might profitably be given to this point in training nurses, especially during their first year, when nursing habits are being formed.

The trouble with a great many young nurses in regard to this matter is not that they are not willing to exert themselves, but that their attention has not been especially called to this point, and unconsciously they develop mechanical habits.

A serious surgical case might be taken as a typical case, one that affords splendid opportunity for the nurse to show what she can do to relieve general discomfort. A class of nurses were asked recently what they considered the most necessary of all things in the care of an ordinary laparotomy patient, immediately after operation. They gave a variety of replies. One thought warmth was the most necessary thing; another that the withholding of water was of paramount importance; another thought bathing the face and hands should come first, while a fourth suggested that the watching of the temperature and pulse was as important as anything else could be, if not more so.

While agreeing that none of these measures should be neglected, it was finally decided that rest was the most immediate of all necessities for the recently operated case. A large number of the ills of mankind would promptly right themselves, if people knew how, or were willing to secure rest for the affected part.

The best ways of securing rest must be to a degree matters of study with each individual patient and will vary with the nature of the ailment, but there are general principles which apply to sick people in general, which are often overlooked or ignored. To begin with, the nurse must be a restful, comfortable sort of person to have around. She must be sure that she herself, by her carelessness, thoughtlessness, or awkwardness, is not adding to the discomfort of a weak, sensitive patient.

Most patients will rest more comfortably in a room with a subdued light, one that is neither too warm nor too cold. It is really far more important that the light be shielded from the eyes of some patients, than that all the window shades in the ward should always be the same height; but, unfortunately, the young nurse who is reprimanded for having the window shades in her ward awry, is apt to get the impression that the appearance of the ward is of more importance than the comfort of the sick.

The observant, well-trained nurse will not jar the bed needlessly, and will neither be guilty of sitting on it herself nor allowing others to do so. She will protect the patient from his friends as far as need be—often one of her most difficult duties.

She will be skilful in the use of pillows to relieve strain or give support to an aching part. Unless one has had a chance to experiment with pillows *ad lib.*, it is hard to realize the numberless ways in which small pillows can be used in the course of one day, to add to an invalid's comfort. Half a dozen can be used to advantage around an ordinary patient. In an up-to-date private sanitarium, fitted up not at all for display, but with a view to securing the utmost comfort for the sick, five little pillows, varying in size from 9x12 to 12x18 inches, were supplied for every room, beside the usual two large pillows.

The proper care of the mouth of a post-operative patient is important, more especially if nausea is prolonged. Most nurses are familiar with the different measures for relieving the nausea resulting from anesthesia. In the sanitarium referred to a part of the nurse's duties in preparing for the patient's return from the operating room was to have on the table by the bed a small basin of vinegar and some small squares of gauze. Inhalation of vinegar was regularly practised when there was any decided tendency to nausea. Lavage is practiced in quite a number of hospitals in severe cases of vomiting. In many cases good results have been obtained by allowing the patient to drink slowly a cupful of hot water, which, when ejected, brought with it a great deal of the mucus and other disturbing substances.

Much discomfort is often caused by a too tight bandage, which a little attention on a nurse's part will promptly relieve. Probably every nurse knows how uncomfortable crumbs are in a bed, but, in a hospital, particularly, all nurses are not careful to do the best they know, and much unnecessary discomfort is caused

by these minor nuisances. Thoughtlessness is responsible for much more discomfort than many pupil nurses would be willing to admit. They mean well, but somehow they are often the cause of real discomfort. For instance, a superintendent passing a private room door one morning heard a deep sigh or moan of distress, and stepped in to inquire the cause. The patient was very weak, with a miserable appetite, and the doctor thinking she might perhaps enjoy her meals more, had ordered her propped up for as long as she was eating. The tray with the remains of the breakfast was still in front of her, though she had finished eating nearly an hour before. The nurse had forgotten all about her. She was off making the bed of a convalescent who was able to be up around the room, while the poor, weak, nervous woman was weary and faint and suffering from the cramped position she was obliged to keep for fear of upsetting the tray. It was a combination of thoughtlessness and poor judgment on the part of the nurse, who should have known that the sickest patients should always be attended to first, and that propping a patient up for fifteen minutes meant that she should be put back in bed at the end of that time.

When an infant falls and bumps his head and runs to his mother for comfort, her first impulse is to soothe it by rubbing; and all through life the simple rubbing with the human hand can be used to great advantage in relieving physical discomfort.

It is impossible to mention all the numerous devices for comfort that may be employed. The main thing is to impress pupil nurses with the thought that while rules are necessary, and the doctor's orders must be adhered to faithfully, the comfort of the patient is never to be lost sight of. She should never be allowed to forget that her success or failure regarding this point, and her ability to get along comfortably with difficult people, is of far more importance than the grade she makes in a written examination.

CHARLOTTE A. AIKENS.

THE KING'S NURSE.—Of the King's many loyal attendants, no one is more devoted to their royal master than the nurse who ever since his Majesty's last illness has been in constant attendance on him. Wherever the King goes she goes, and many are the letters that she receives from the Queen and Princess Victoria when they are separated from his Majesty. The King's nurse has received a unique honor. One day, not long ago, when she was binding his ankle, he said kindly, "Nurse, I have a present for you," and thereupon, as she knelt before him, he gave her the M.V.O. None other of her sex, adds the *Onlooker*, had received this honor before.—*The Nursing Times*.



NURSES.

Miss Janet Riddock, Rock Bay, B.C.; Miss Margaret Grant, Arrowhead, B.C.; Miss G. Macfarlane, Revelstoke, B.C.; Miss Jessie Swyres, Revelstoke, B.C.; Miss Selina McLean, Kaslo, B.C.; Miss E. S. Walker, Indian Head, Sask.; Miss Minnie Hance, Indian Head, Sask.; Miss Kathleen Houlihan, Melford, Sask.; Miss M. Hawley, Yorkton, Sask.; Miss M. G. Travers, Shoal Lake, Man.; Miss Martha Wallace, Thessalon, Ont.; Mrs. M. Towle, Thessalon, Ont.; Miss Sara Pepper, Copper Cliff, Ont.; Miss E. Bond, Copper Cliff, Ont.; Miss Agnes Dodds, North Bay, Ont.; Miss Margaret Lynnett, North Bay, Ont.; Miss Isabel Hutchinson, New Liskeard, Ont.; Miss Edith Hardy (Head), Vancouver, B.C.; Miss Kate Strang, Vancouver, B.C.; Miss Alice Franklin, Vancouver, B.C.; Miss Isabel McCullough, Winnipeg, Man.; Miss Edith Galloway, Winnipeg, Man.; Miss Edith Maxwell, Ft. William, Ont.; Miss M. Aldrich, Gravenhurst, Ont.; Miss A. Gilby, Toronto, Ont.; Miss L. Grey, Brantford, Ont.; Miss M. E. Hanna, Hamilton, Ont.; Miss C. O'Connor, Hamilton, Ont.; Miss Viola Wallace, Hamilton, Ont.; Miss Mary Greene, London, Ont.; Miss Minnie Fyfe, Stratford, Ont.; Miss Elizabeth Offord, Kingston, Ont.; Miss M. L. Millefont, Ottawa, Ont.; Miss Blanche Hurse, Ottawa, Ont.; Miss Kathleen Gilmour, Montreal, Que.; Miss E. Diplock, Montreal, Que.; Miss E. Pomeroy, Montreal, Que.; Mrs. M. E. Tyler, Montreal, Que.; Miss T. McDougal, Montreal, Que.; Miss Bates, Montreal, Que.; Miss C. Dawkins, Montreal, Que.; Miss Jessie Adams, Montreal, Que.; Miss M. Macdonald, Montreal, Que.; Miss E. Robinson, Montreal, Que.

(To be continued.)

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Paré.

On Thursday, June 11th, being St. Barnabas' Day, the annual meeting of the Guild was held at St. James' Rectory at 8 in the evening. At the kind invitation of Miss Brent, the annual meeting is usually held at Lakeside Hospital, but owing to a number of nurses being unable to go, it was thought best to have an evening meeting at the Rectory. A very delightful evening was spent. Not many nurses were able to come, so many being on duty.

The meeting was more of a social gathering, it being the last one for the summer. The meetings will be resumed in October. Some business was discussed, more particularly a way to bring before nurses-in-training the Guild and its helpfulness. It is the general opinion that comparatively few nurses know of it and of the great help it might be to them. Naturally, it is harder for nurses in hospitals to attend meetings—lectures and classes take up so many evenings—but it is thought there are some who would be only too willing to avail themselves of the privilege of belonging to such a society if they knew of it and realized its importance; so for the sake of those whom it might help, it was decided that different members be chosen to visit the various hospitals in the fall, and, with the consent of the superintendents, speak to the nurses and tell them of the Guild.

After the business was concluded, refreshments were served, and the anniversary service read by Canon Welch.

It is hoped that in the fall the members will make a great effort to be present at the different meetings, if possible, and do their utmost to make the Guild more widely known, so that all may have the same chance of help and strength from being members of the Guild of St. Barnabas.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THY CREATURES.

Preserve the strength of body and mind that I may always and equally serve the poor and the rich, the good and the bad, the friend and the enemy, for all of them are Thy creatures.

Let my reason be steady and sound, that I may well observe what is before me and truly surmise what is hidden. Let my mind not be confused and overlook what is present or go beyond that which can be actually seen and proved into the territory of the speculative, the invisible. For, fine and scarcely traceable are the border-lines of the great art in caring for the health and life of man.—*From the Prayer of an Egyptian physician.*

TRUE GOODNESS.

I look to the influence of the truly religious life not only for the strengthening of the nobler motives, but also for the bettering of some of the minor virtues and graces which contribute to win success. For indeed it is true of many forms of business, that success is very often due to the possession of those lesser qualities which make the every day intercourse of life in all its relations, gracious, tender and convincing, and what gives rise to failure is just the lack of these same characteristics. You may not have understood that I have been really talking of manners bad and good. Shall I surprise you now if I say that true goodness makes the acquisition of really gentle manners far more easy? May I add that in the general decay of manners, which is so sadly seen in young women of all classes amid the rush of our hurried life, the nurse has had her share, and yet, believe me, nowhere are the manners of the heart, and even of mere convention, more essential than in the long and often too familiar relations of nurse and patient. A woman once told me that she had worn out the manners of two nurses. I did not wonder; she had worn mine threadbare. Manners which wear out cannot be based on the sure foundation of goodness.—*S. Weir Mitchell, M.D.*

The Canadian Nurse

VOL. IV.

TORONTO, SEPTEMBER, 1908.

No. 9.

Editorial.

ROYAL NATIONAL PENSION FUND FOR NURSES.

We are indebted to a Canadian nurse at present residing in England, Mrs. A. B. Thom, for an account of a unique and interesting ceremony, the opening of the new offices of the Nurses' R. N. P. F. by the King and Queen, on July 4th, 1908. Their Majesties entered by the Water Gate, through which no Sovereign has passed for more than two centuries, and were received by more than two thousand nurses, who raised the right hand in salute, and Her Majesty graciously received a bouquet from four nurses, from England, Wales, Scotland, and Ireland, respectively. Opening the main building door by a beautiful golden key, Her Majesty performed her part in the ceremony, and the King, in reply to the address by President Sir Everard Hambro, said:

"It has now happily long been recognized that in the alleviation of pain and distress good nursing is of supreme importance. It is in the interests of the community that measures should be taken to obtain skilled and efficient nurses, and to procure for them such advantages and prospects as will retain them in their profession.

"In no career has more unselfish devotion been shown than in that of nursing, and it would, indeed, be hard if those who spend the best years of their life in acts of self-denial, in attending the sick and ministering to those unable to help themselves, should be condemned, when age has diminished the capacity for work, to poverty, if not to actual want."

Before leaving, the Queen sent for Miss Browne, R.R.C., formerly Matron-in-Chief of the I.M.N.S., who attended in military uniform, wearing her seven medals,—The Egyptian medal and Soudan bar, the Khedive star, The King's and Queen's South African medals, the Coronation medal, the Service medal and the Royal Red Cross. The King and Queen shook hands with Miss Browne, and chatted with her for some time, an incident which greatly pleased all the nurses. After the ceremonies the nurses were all conveyed by steamer and barge to the Royal Hospital, Chelsea, where they were entertained.

The Fund now amounts to £1,265,000, and has been able to pay back to nurses, £300,000, and now pays yearly to annuitants £21,000. Five thousand nurses belong to it. It was founded by Mr. Junius Morgan (whose son, Mr. Pierpont Morgan, came

from New York to be present on this occasion), Sir Henry Burdett, Lord Rothschild, and others. The new offices are on a historic site, with which the names of Peter the Great, Charles Dickens, and others, are connected.

THE TRICENTENARY AT QUEBEC.

This great event will leave a lasting impress upon later Canadian history. Peace and goodwill celebrated, in better and happier times, events of great moment in the history of our beloved country. The Prince of Wales bore a noble and princely share in it all, and his parting prayer that Almighty God would "inspire the ideals of Canada," is the very prayer of His Majesty's loyal and true subjects here, among whom we are proud to number ourselves. Our friends of the Jeffrey Hale's Hospital, of the Quebec Detention Hospital, and of the Quebec Trained Nurses' Association, are to be congratulated on seeing and being a part of this great celebration.

FIRE IN FERNIE.

We regret deeply to hear that disastrous and all-destroying fires have swept over Fernie and the adjoining part of the Province of British Columbia. As we write, Toronto and other Eastern cities are offering aid, which we trust will be effectual. Our sympathies go out to the Fernie Hospital, and we anxiously await further news.

THE GUILD OF ST. BARNABAS.

We would most heartily and affectionately endorse the invitation found upon the page devoted to the Guild of St. Barnabas in this issue. As one of the associate members of the Guild, the Editor begs to assure our readers that nurses who do not belong to the Guild do not know how much they miss. In Ottawa, Montreal and Toronto, and, indeed, all over the world, these meetings have been found a comfort, a help, a solace and a pleasure,—something which no nurse who has ever been at the meetings would willingly give up. If any nurse who reads these lines will send a postcard with her name and address to THE CANADIAN NURSE, Toronto, saying that she is interested in the Guild of St. Barnabas, the Editor will "do the rest." One word more. The

monthly paper of the Guild, published in London, and sent to all members of the Guild, is one of our most valued exchanges, and the July number contains two addresses, one by Canon Holmes, the other by Mrs. Scharlieb, M.D., which are so fine that we wish all our readers could read them.

NEEDED REFORMS.

What the Hospital should do for the Nurse is a question of as much importance as what the Nurse should do for the Hospital.

Next to Registration, that is, legal recognition of the professional standing of nurses, our Magna Charta should contain some provisions in regard to hospital training, concerning chiefly four matters of importance. First, the training should be a thorough and scientific one. Second, some pecuniary consideration should be given to the nurse for the great amount of work she does for the hospital. Third, the hours should not be too long, and the time off should be sufficient. Fourth, the food should be of good quality and well prepared. Fifth, the Nurses' Residence should be suitable. In many hospitals the first and the fifth are already as nearly perfect as they can be made in this imperfect world. But what about the other three? In this connection, we would draw special attention to the excellent article, "Should Nurses-in-Training be Paid?" and invite our readers to discuss these questions in the pages of THE CANADIAN NURSE.

AT THE HOME FOR THE DYING.

On June 3rd the maid at St. Luke's House (The Home for the Dying), went to the door in answer to a summons, and when she opened the door found herself face to face with the Queen of Great Britain and Ireland, Empress of India and of the Dominions beyond the seas. Her Majesty was carrying a bouquet of orchids, ferns and lilies and asked for Miss Massey, one of the patients, whom she had come to see. This poor girl, at the age of eleven, nursed her mother, who died of tuberculosis, and contracted that dreadful disease from her. At the age of fourteen, she had to go to work in a factory. Then her father took tuberculosis and Martha got him admitted to St. Luke's House, where he died, and in the same place poor Martha now awaits Death, the Friend. The poor girl had ventured to write to Queen Alexandra, saying that she had a great desire to see her Majesty, but had never been able to on account of her illness. Would the Queen, she asked, fulfil her

dying wish by coming to see her before leaving for her Russian visit, as Martha feared she would not be living when her Majesty returned? The Queen was at once conducted to the bedside of poor Martha, whose eyes filled with tears when she saw the Queen, but the infinite grace and loving tact of Her Majesty enabled the poor girl to rise to the great occasion and receive with simple and suitable gratitude her great and Royal guest. Before leaving, the Queen gave Martha the bouquet, and then went through the wards, speaking to every patient and giving some flowers to each one. As Her Majesty was taking leave she heard a distressing cough, and asked who it was. Hearing that it was poor Martha, Her Majesty sent down to the motor for her own lozenges, and with her own hand gave them to the poor girl, saying to her afterwards, "Oh, my dear, do you really think you are going to die?" When Martha answered yes, and said she was not afraid, the Queen said, "Coming to see you, dear child, has done me more good than many a sermon." Her Majesty then expressed her pleasure and admiration at what she had seen and drove off in her white motor, leaving behind her a loving influence for good which will go far and last long.

Editorial Notes.

AUSTRALIA

Registration.—A bill is before the Legislature of New South Wales, which proposes to place the Registration of Nurses in the hands of the Board of Health. The A. T. N. A., which, of course, feels that Registration should be in the hands of a Council representing the nursing profession and the medical profession, has called a special general meeting to take immediate action in the crisis.

NEW ZEALAND

Kai Tiaki (Guardian of the Helpless).—The nurses of New Zealand have founded a Nursing Journal of their own, and called it by the native name which means "Guardian of the Helpless." Miss Hester Maclean, Assistant Inspector of Hospitals, is Editor.

The Plunket Nurses.—We learn from the second number of the *Kai Tiaki* that "The Plunket Nurses," founded by Lady Plunket, the wife of the Governor of New Zealand, and youngest daughter of the late Marquis of Dufferin and Ava, are to be fully trained. They work under the Society for the Promotion of the Health of Women and Children. We are also glad to learn that the State Registration of Mental Nurses is shortly to be instituted.

GERMANY

The German Nurses' Association.—State regulation and examination of the nursing profession comes in force on June 1st. The Association has 1,800 members, is now five years old, and has

a reserve fund of \$3,000.00. The state examination has been waived in the case of nurses who have from two to five years' training.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Hamilton Graduate Nurses' Association.

The Ottawa Graduate Nurses' Association.

The Collingwood G. and M. Hospital Alumnæ Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Graduate Nurses' Club.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinek.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMINÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

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Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Miss A. I. Buyers, Miss E. B. Levay, Miss E. V. Forrest.

POSTINGS AND TRANSFERS.

Sisters.—Miss M. Steenson, to the Q. A. M. Hp., Millbank, London, from M. Hp., Portsmouth; Miss M. Worthington, to M. Hp., Edinburgh, from Q. A. M. Hp., Millbank, London; Miss J. W. Wilson, to M. Hp., Edinburgh, from M. Hp., Dover; Miss H. M. Drage, to Cambridge Hp., Aldershot, from Royal Victoria Hp., Netley; Miss E. Foster, to Royal Victoria Hp., Netley, from M. Hp., Dover; Miss D. D. Tripp, to Q. A. M. Hp., Cosham, on return from Egypt; Miss M. Pedler, to M. Hp., Dover, from Cambridge Hp. Aldershot; Miss M. E. Richardson, to Royal Herbert Hp., Woolwich, from M. Hp., Hounslow; Miss M. L. Potter, to M. Hp. Hounslow, from Royal Herbert Hp., Woolwich.

Staff Nurses.—Miss G. E. Browning, to A. M. Hp., Cosham, on appointment; Miss I. D. Humfrey, to Royal Herbert Hp., Woolwich, on appointment; Miss M. C. Tawney, to Cambridge Hp., Aldershot, on appointment; Miss N. I. Jordan, to M. Hp., Devonport, on appointment; Miss A. I. Buyers, to Royal Victoria Hp., Netley, on appointment; Miss M. Fisher, to M. Hp., Dover, from Royal Victoria Hp., Netley; Miss F. M. Tosh, to M. Hp., Cairo, on arrival in Egypt.

PROMOTIONS.

The undermentioned Staff Nurse to be Sister:—Miss K. Roscoe.

APPOINTMENTS CONFIRMED.

Staff Nurse.—Miss C. M. Hodson.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

Summer Diet

for both nurse and patient needs care in the selection. In hot weather appetite is capricious but the nurse's strength, as well as her patient's, needs to be supported—for very often the recovery of the patient depends upon her untiring watchfulness.

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PHONE ORDERS PROMPTLY ATTENDED TO

Question Department.

THE SPONGE BATH.

Q.—In regard to the question of rubbing with a sponge bath to reduce temperature, that is rubbing the skin dry instead of letting the water applied evaporate, our most progressive doctors hold that the rubbing brings more blood to the surface to be cooled, and consequently the temperature is reduced more quickly in this way. We have found hot sponge baths effectual in reducing temperature with some patients when a cold bath appeared to have no effect on the temperature.

A.—The opinion generally held at the present time in regard to this matter is that the sponge should be given with a certain amount of friction. It is to be remembered that the chief benefit of the sponge bath in typhoid is not the reduction of temperature *per se*, but the stimulus given to the excretory functions, and the good effect on the general nervous tone. As our correspondent remarks, a hot sponge bath in certain cases is the more effectual.
—Ed.

Correspondence

MORAL PROPHYLAXIS.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—May I ask to bring to the attention of all serious-minded Canadian nurses the work and aims of the Society for Moral Prophylaxis, whose headquarters are in New York? It is composed of physicians, teachers, and social workers, and seeks to spread intelligent and ethical ideas as to sexual morality, and especially to instruct young men and boys in physiological morality, and to open the minds of parents to the need of truthfulness to, and candid serious instruction of, children and young people. The society has published some very valuable literature of instruction: The Young Man's Problem, being educational pamphlet No. 1; Educational pamphlet No. 2 for Teachers, The Relations of Social Diseases with Marriage and Their Prophylaxis, or pamphlet No. 3, and The Boy Problem, or educational pamphlet No. 4. These can all be obtained from Dr. E. L. Keyes, Jr., 109 E. 34th St., New York City. The prices are moderate: No. 1 costs 10 cents, 50 copies \$3.00; No. 2, 10 cents; No. 3, 25 cents; No. 4, 10 cents, 50 copies \$3.00.

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intelligence by a word of advice now and then, that some may be glad to know where they can obtain literature prepared by the most competent authorities and with the highest motives.

L. L. DOCK,

Member of the Society.

THE FIRST CANADIAN TRAINING SCHOOL.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—The leading article in February number of THE CANADIAN NURSE refers to the Training School in connection with the Montreal General Hospital as the oldest in Canada, and an editorial note at end corrects this statement by stating that the Training School of the Toronto General Hospital, founded 1881, is probably the oldest. Mack Training School, in connection with the General and Marine Hospital, St. Catharines, was founded in 1874, and is the oldest in Canada. I have in my possession a copy of the first report of this Training School published in 1875.

Very sincerely yours,

ANNIE E. HUTCHISON,

Former Lady Sup't General and Marine Hospital, St. Catharines.

Orillia, May 18th, 1908.

GENERAL APATHY.

TO THE EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—The question of the general apathy of most graduate nurses in regard to matters pertaining to nursing outside of their obtaining agreeable cases, comes up in many places—in alumnæ work, in the Ontario Association, in the fight for registration, and in subscribing to their nursing journal, and it seems to me that the cause of the disease should be found, in order that it may be cured. On looking over the membership of the Ontario Association and over the subscription list of THE CANADIAN NURSE, as well as when looking back to the days about graduation time, it seems that the fault lies partly in the training. Some Superintendents see that each of the graduates joins her Alumnæ Association, and the Ontario Association, and sends in her subscription for the journal. Others do not. Many nurses learn while in training all about their duty to the physician and the patient, but very little about their duty to the public and the nursing profession at large, and when they go out to practice their chief aim becomes the search for agreeable cases on St. George Street or in Rosedale. They are utterly disdainful of the country, where most of them have lived most of their lives. Do all our Superintendents belong

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to the Ontario Association, and do all subscribe for THE CANADIAN NURSE? The nurses who are not in the firing line are missing much of the zest of life as well as putting too great a burden upon the workers, who have to do all.

I think that this is a question for the Superintendents to discuss. It is a vital question, both in Canada and the United States, judging from the reports given in the nursing journals of both countries, and also coming from the Alumnae Associations, where the Programme Committees in many cases are ashamed to ask lecturers to come to address the nurses because of the small attendance, which is an insult to the lecturers.

Hoping that this question may be discussed in the different places where most needed.

I remain,

Yours sincerely,

L. B.

MY DEAR MISS BOWERMAN,—I am what one might call the "emergency" and "travelling nurse" of a mission numbering nearly nine hundred members. Since coming to China I've been in about nine Provinces, but the last four or five years my work has been nearer the open ports near the coast. I receive a message to go to a certain place. The first thing I have to do is pack all my belongings; otherwise, by the time one returns, what with moth and mildew, one has very little left. Then provisions for the journey have to be next thought of, so a basket is packed, and, of course, one has always to take a bed along in China, and also enamel wash bowl and jug, etc., etc. One of the journeys I have taken within the year was to a city which I could only get to by native boat. The matter was urgent, and as I learnt my lesson of punctuality well in the T. G. H., of course my aim was to lose no time. As the Chinese do not know the value of time, they never can understand our need of getting on as quickly as possible, and it is very trying to find you have been delayed one whole day tied to the river's bank because it has been some old woman's birthday in the back of the boat. Perhaps another whole day because of the feast of the moon, etc., etc. Such things, I assure you, are very trying, so one gets used, if possible, to making a very good margin for stoppages. My work is wholly among the missionaries, where there is no doctor, and during these eight years one can only praise God and be thankful that God has seen fit to spare the lives of all those I had been sent to. There have been a few who have passed away, but it has always happened to be cases that have required medical skill and where doctors have been within reach, so that one was relieved of the responsibility and everything was done that could be done. At present China knows nothing about sanitary

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Inflammation's
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affords the most scientific method of combating
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in the conditions incident to the summer season.



In ENTERO-COLITIS, and other inflammations
of the abdominal and pelvic viscera, Antiphlogistine
proves a satisfactory adjuvant to treatment, as it
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vessels, stimulates the reflexes and relieves the pain,
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tearing of the ligaments, contusion of the synovial
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of the liquid exudate from the swollen tissues and
the free circulation of blood in the seat of the injury
greatly hastens the process of repair.

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laws or conditions, so that one finds it very difficult in nursing in China. You really have to take all your sanitary conditions around with you.

Again sending you my kindest love and tender sympathy in all your work, believe me,

Yours very sincerely,

M. A.

China Inland Mission, Chinkiang, China.

The Contributors' Club.

FIRE DRILL IN HOSPITALS.

To the Editor of THE CANADIAN NURSE:—

Madam,—We would like to hear how fire drills are conducted in other hospitals. Would you please have this subject discussed by the readers, or, I should say contributors, to *THE CANADIAN NURSE*?

CATHERINE LAWRENCE, *Lady Superintendent.*

The Sarnia General Hospital, Sarnia.

FIRE DRILL IN TORONTO GENERAL HOSPITAL.

To the Editor of THE CANADIAN NURSE:—

Madam,—Your favor of the 12th respecting fire drill received. I send you two sheets, from which you will get an idea of our procedure. You will note that we have a double drill, which is unique perhaps to our hospitals. We have a general drill about once a month and local drills at irregular intervals.

Yours very truly,

J. N. E. BROWN, *Superintendent.*

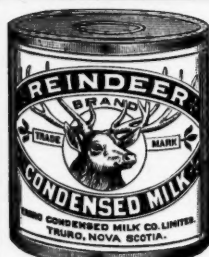
Toronto General Hospital.

Directions Respecting Fire and Fire Drill.

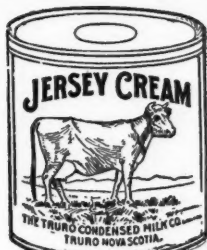
1. As soon after admission as possible all patients shall be told by the nurse in charge of each ward or her assistant that fire drill is of frequent occurrence in order to avert any feeling of fright or panic in the event of an actual fire.

2. A first alarm shall be sounded by blowing a fire whistle, which is to be found near each hose stand. The whistle may be self-retained in the mouth and blown, leaving the hands free, so that the person sounding the alarm may at the same time take pails of water nearby and throw upon the flames.

3. The second person appearing on the scene should telephone the Main Office that there is a fire, so that an alarm may be given for the Fire Brigade.



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Supplied in aseptic syringes, in doses of 500, 1,000, 2,000, 3,000, 4,000 and 5,000 units each.

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SELLING AGENTS.

4. The third person arriving should pull the hose off the rack, take the nozzle and stretch the hose toward the fire.

5. The fourth person on the scene should, as soon as the hose is stretched and free of kinks, turn the valve to allow the water to run through. At each valve there is a crank with which to loosen the valve, if it cannot be turned by hand.

6. If it should happen that only one or two or three persons are present they must perform the four above-mentioned acts in the order named.

7. If it should be found that the fire cannot be quenched within a few moments by carrying out the above orders, a general alarm shall be given by ringing the fire gongs. This is done by pressing the button in the glass box which is to be found on each floor, close to the elevator. A hammer for smashing the glass hangs below each box. On this alarm the officers and employees shall take the stations and perform the duties mentioned in the annexed schedule.

8. The location of the fire shall be made known by verbal announcement.

9. Strict silence must be preserved, except in the delivery or transmission of necessary orders.

10. Everybody in the service of the hospital shall familiarize himself with his number, his station and his duty, as specified in the annexed schedule and in the individual cards with which he will be provided.

11. On the alarm of fire or fire drill, given by ringing of fire gongs, everybody shall proceed rapidly and quietly to his station.

12. Three short rings of the fire gong will indicate that the drill is over or that the fire is out.

Note.—The annexed schedule gives the number, station and special duty assigned to each official and employee in the Hospital, *e.g.*, Nurse in Charge of Theatre. Scene of Alarm. Assists.

J. N. E. BROWN, *Superintendent.*

Toronto General Hospital.

THE SCHOOL NURSE IN CANADA.

To Montreal and Hamilton belong the honour of appointing the first school nurses in Canada. Two school nurses in Montreal and one in Hamilton began work on January 1st, 1908. In December, 1907, the Montreal City Council voted the sum of \$1,500.00 to pay the salaries of two school nurses, who were then duly appointed, one of them being Miss Sexton, a V. O. nurse, and the other a graduate of the Montreal Isolation Hospital. Both of these nurses are under the control of Dr. J. E. Laberge, who is City Bacteriologist and Chief Medical Inspector of Schools. There are now 50 medical school inspectors in Montreal, two of whom are women, and the City Council, at the same meeting in

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Minor Medicine

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This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

"As a book of reference in the nurse's library it will fill a place of its own that no other book, so far as we know, can fill anything like as well."—*The Canadian Nurse*.

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December, voted \$11,000.00 to pay their salaries. In Hamilton, the Medical Health Officer, Dr. Roberts, is an enthusiast about medical inspection of schools, and was appointed Medical Inspector of Schools by the Board of Education. Unfortunately the salary given for this work is merely nominal. Dr. Roberts has the assistance of one school nurse, Miss Deyman, who has been most successful in her work. We are permitted to make a few extracts from the Report of the Medical Officer and the School Nurse in Hamilton, in January, February, and March.

The following is a list of cases reported during that time:

Defective Vision	216
Defective Hearing	20
Defective Speech	8
Mentally Defective	18
Scabies	19
Impetigo	3
Eczema	3
Skin Diseases (unclassified)	23
Ringworm	5
Discharging Ears	22
Pediculosis	170
Throat and Nose	349
Catarrh	15
Nervousness	7
Anæmia	14
Asthma	2
Granular Eyelids	3
Whooping Cough	2
Mumps	4
Personal Uncleanliness	211
Decayed Incisors (permanent)	276
Enlarged Thyroid Glands	4
Enlarged Sub-maxillary Glands	2
Pulmonary Tuberculosis	1
Hip Joint Disease	1
Diphtheria	2

This is the result of the first inspection of eighteen schools and about 6,000 children.

Miss Deyman adds: "In addition to this, 183 visits were made at the homes. All children excluded for any reason were visited at least once a week. One thing I find on visiting any school where the water supply is measured by a meter, the lavatories are in a bad condition. After school inspection is established in any town I would think it would require the services of one nurse to every 1,500 children."



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and Careful Mothers**

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BORATED TALCUM
TOILET POWDER**

because it is freely recommended above all others by physicians everywhere. **MENNEN'S** is the purest and safest of Toilet Powders, just as good for mother and nurse as it is for baby.

It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them. After the bath it is delightful—it enables one to easily retain that pleasing appearance of fresh cleanliness.

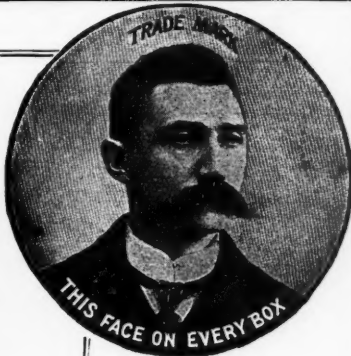
A positive relief for prickly heat, chafing and sunburn.

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Hospital and Training School Department.

A NEW hospital will be erected at Saskatoon, Sask.

A NEW hospital is being erected at Minnedosa, Man.

A SCHOOL Nurse will be appointed shortly for Brantford, Ontario.

A NEW hospital for the insane will be built at Coquitlam, near New Westminster, B.C.

A NEW nurses' home is being erected at the Royal Jubilee Hospital, Victoria, B.C.

ADDITIONAL buildings, including a new laundry, are to be erected at Woodstock General Hospital, and at the Amasa Wood Hospital, St. Thomas.

MISS A. M. JOHNSTON, graduate T. G. H., 1907, has been engaged as assistant nurse at Cottage Hospital, Pembroke, Bermuda.

MISS FLORENCE BUCKLES, graduate of the Lady Stanley Institute, 1908, has been appointed Head Nurse in the Isolation Hospital, Ottawa.

THE following nurses have graduated with honor from Montreal General Hospital: Misses M. B. Clark, Anne S. Des Brisay, Bertha A. Smith, Edith C. Wills, and Rachel Wood.

THE new hospital at Sydney Mines, Cape Breton, which was recently opened, will accommodate fifty patients, and was erected at a cost of \$20,000. The Superintendent is Miss Mansen, and Miss Edith Shaw is in charge of the operating room.

WE are greatly indebted to one of our Editorial Board, Miss Flaws, of Butterworth Hospital, Grand Rapids, and to Miss Pemberton, of Peterson's Hospital, Ann Arbor, one being Recording Secretary, and the other Corresponding Secretary, of the Michigan State Nurses' Association, for interesting accounts of the annual meeting, which took place at Epworth Heights, Ludington, early in July, and which we only regret that space would not allow us to notice in our August number. Everything about the meeting was charming and successful, the social events were pleasant, and the real business of the Association was well attended to and important. Miss Linda Richards was perhaps the most distinguished speaker present. When Miss Nightingale's letter of thanks for congratulations was read, Miss Richards rose and told of her visit to Miss Nightingale twenty years ago. Miss Richards, Miss Sly, and Miss Nieman dealt with some important problems, such as "Registration," and "The Return to the Two Years' Course."

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasica*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Alkins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumis, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

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THE Cottage Hospital, Pembroke, has just completed a handsome sun verandah, donated by Mrs. Hugh Grant, of Pembroke, in memory of Dr. Angus Grant, her son, who died in Scotland three years ago. The verandah is handsomely furnished, and a great addition to the hospital. The formal opening will take place Sept. 1st, and besides the usual programme for such an occasion, there will be a bonfire in the adjoining grounds, and the band in attendance.

THE Graduation exercises of St. Joseph's Hospital, Chatham, Ont., held on July 31st, at St. Joseph's Hall, were unusually successful and pleasing. A class of seven received diplomas and medals before a large audience of clergymen, physicians, and friends of the Nurses. In the decorations, the School colors, yellow and white, were mingled with ivy and ferns, and, with the little flower girls wearing the same, had a very appreciated effect. Very Rev. J. E. Mennier presented the honors, and, in a few earnest words, advised the graduates to be devoted to their holy career, if they would succeed. Mayor Scullard presided as chairman, and congratulated the class on their chosen calling and their attainments in it. The musical programme, of vocal and instrumental selections, was of a high order and well applauded by an appreciative audience. The Valedictory was read by Miss Grace Hoy, to which Dr. R. V. Bray responded with some practical advice, complimented the nurses on their good theoretical standing, and gave assurance of the doctors' aid, and encouragement of future success. The Ladies' Altar Society entertained the graduates and their friends at a dainty and bountiful luncheon in the club-room of the Hall, decorated in keeping with the occasion. Many lovely and choice bouquets were received by the nurses, as well as a number of valuable gifts from their friends. The names of the graduates are: Miss Lillian A. Richardson, Chatham, Ont.; Miss Mabel A. Jenner, Charing Cross, Ont.; Miss Emma C. Riegling, Chatham, Ont.; Miss Lillian M. Long, Point Edward, Ont.; Miss Grace C. Hoy, London, Ont.; Miss Angela McIlhargy, Centralia, Ont.; Miss Loretta E. Kelly, Kinkora, Ont.

THE chief hospitals of Prince Edward Island, situated at Charlottetown, are three in number, and include a fine Hospital and Asylum for the Insane, placed north-west of the town, on the harbor, and surrounded by a good farm. About two hundred patients are cared for here. Then there is the Charlottetown Hospital, under the charge of the Sisters, in which Bishop Angus MacDonald, so well known and loved, takes much interest. It stands in a beautiful situation upon the Esplanade, and commands a charming view of the harbor. The third is the Prince Edward Island Hospital, which is also beautifully situated, near the Royalty Road. It is a brick and stone building of three

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The History of Nursing in the British Empire, by Sarah A. Tooley, \$2.25.

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**Our Sick and How to Care for Them*, by Florence Stocpoole.

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The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., \$1.00.

First Lines in Midwifery: A guide to attendance on natural labor for medical students and midwives. New and revised edition, by G. E. Herman, M.D., F.R.C.P., F.R.C.S., \$2.25.

The Care and Management of Delicate Children, by Dr. Percy Lewis, \$1.00.

A Handbook for Midwives and Maternity Nurses by Comyns Berkeley, \$1.50.

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stories, and every ward, with its convalescent parlor, is as bright, sunny and airy as one can wish, with everywhere a pleasant view. The first floor is occupied by offices and wards, the second by wards, and the third comprises the servants' rooms, the nurses' residence, and a fine, modern operating room, with a terrazo floor, three sterilizers, one of them the gift of a Montreal physician, and a wheeled ambulance table, the gift of a Prince Edward Island doctor. Many of the wards were furnished and equipped by members of the Board of Governors, and other residents of the Island. On a recent visit, the wards were all occupied, there being three patients suffering from typhoid fever. The private wards were very comfortable and attractive. Miss Ross, a graduate of the Royal Victoria Hospital, Montreal, is the Superintendent of the hospital, and has a training-school of ten pupil nurses. One graduate nurse, Miss Spencer (P.E.I.H.), is on the staff, and is in charge of the operating room. The graduate nurses' badge is a red cross on a white ground, round which is enamelled the crest of Prince Edward Island—the well-known group of fir and spruce for which the Island is famous, there being five different varieties of spruce among the indigenous Island trees. The Prince Edward Island Hospital was founded some eighteen years ago, and the governors are at present thinking of building an addition to it.

Personal.

MISS M. N. FRASER, Asst. Supt. of P.C.H., is at Carlsbad Springs.

MISS EDNA B. POND (C.M.H., '06) has gone to Boiestown, N.B., to do private nursing.

MISS HELEN HUNTER (J.H.H.) spent a few days in Pembroke recently, a guest of Miss O. Clarke.

MISS E. V. AUSTIN, Supt. of P.C.H., leaves on the 21st for a trip up the St. Lawrence and Great Lakes.

MISS HELEN HUNTER (J.H.H.) has been appointed Superintendent of the Red Cross Hospital, New York.

MISS HERSEY (R.V.H.) has been appointed Acting Superintendent at the Royal Victoria Hospital, Montreal.

MISS SPENCER, Head Nurse of the operating room, P.E.I. Hospital, spent a pleasant vacation at her home in August.

THE engagement is announced of Miss Grace Anna Garnett, graduate of Chipman Memorial Hospital, to Mr. Leonard J. Hughes, of St. John. The wedding will take place early in September.

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THE new store, which we will move into this autumn, will double the room and stocks we had formerly, and for this reason our new Fall and Winter Catalogue is by far the most interesting we ever issued, covering every possible requirement of homes and families in both city and country. The fact that Toronto is headquarters for the newest and best of everything, and that Toronto prices are invariably lower than anywhere else, is good enough reason why you should do all your shopping with us by mail. As a further inducement

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on all purchases of \$25.00 or over, to your nearest railway station in Ontario, Quebec and the Maritime Provinces; and on all orders received for same amount from Manitoba, Alberta, Saskatchewan, British Columbia and the Yukon Territory we prepay freight or express charges as far as Winnipeg. This is intended to encourage people to club together in sending the orders. We not only give you every advantage of Toronto styles at Toronto prices, but actually prepay all charges in sending the goods to you, with one or two minor exceptions. The Catalogue gives full particulars of this National Free Delivery Service, which is revolutionizing the Mail Order business of this store, and bringing orders twice as many and twice as often.

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Kindly mention THE CANADIAN NURSE when writing or speaking to advertisers.

MISS GERTRUDE CURRY, P.C.H., finds a great field for the trained nurse in Victoria, B.C., having more work than she can manage.

MISS ANNIE GRIEVES, Mount Sinai graduate, is spending a few days at her home in Pembroke and with friends at Fort William.

MISS VIOLA MACSWAIN, graduate of Prince Edward Island Hospital, has accepted the position of Head Nurse at the Chipman Memorial Hospital, St. Stephen.

MISS EMILY IRELAND, Mount Sinai graduate, has returned from New Ontario to Pembroke, and reports a wide opening for the graduate nurse in that region.

MISS OLIVE CLARKE, graduate of the Johns Hopkins Hospital, visited Quebec at the time of the Tercentenary, and is now spending her vacation in Pembroke.

MISS MARGARET D. HETHERINGTON (C. M. H., '07), after an absence of four months, has again taken charge of Dr. Deacon's private hospital in Milltown, N.B.

MISS EDITH McCRIE, graduate of St. Joseph's Hospital, Chatham, has been engaged in private nursing in Sarnia, but intends to continue her work in Windsor, Ont.

MISS SHARPE, Superintendent of the General Hospital at Woodstock, Ontario, is at present abroad, spending a pleasant vacation by travelling with her sister in England.

MISS E. J. DEYMAN, whose pioneer work as a School Nurse in Hamilton has been so successful, has, we are glad to learn, been reappointed for the year 1908-9 by the Hamilton Board of Education, at a salary of \$600.

MISS ANNIE F. LOCKHART, graduate of Chipman Memorial Hospital, and post-graduate of Boston Floating Hospital, intends going to the Orthopædic Hospital in Philadelphia the first of October to take a course in massage.

MISS ROSS (R.V.H.), Superintendent of the Prince Edward Island Hospital, at Charlottetown, has just returned after a pleasant vacation spent in the West. Miss Ross went as far as Calgary, and speaks with great praise of the West.

By a happy thought, the last meeting for this year of the Toronto Grace Hospital Alumnae Association was held at the home of Miss L. Segsworth, 5 Clandeboy Avenue, Centre Island. The meeting was altogether of a social character, and quite a number of the nurses took advantage of Miss Segsworth's invitation to spend a pleasant hour together. Refreshments were served on the verandah, where the nurses congregated, and all had a most enjoyable time and greatly appreciated Miss Segsworth's kind hospitality.

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Is the only Central Registry in New York.

Accommodation for two hundred nurses, in suites of three rooms for three nurses, two rooms for two nurses, and sixty single rooms; a bath on each floor, hot water and steam heat throughout the building, also two well appointed kitchens.

Local and long distance telephones on each floor, electric bell in every room.

Particular care is given the nurses' personal work, as well as registry calls.

The Registry is patronized by the most eminent physicians, also by the exclusive families of New York.

It will be to the advantage of nurses desiring to locate in New York during the coming winter to make early application for rooms, as this entitles them to be on house list, and subject to call.

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One of these special bottles
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FREE
Express Prepaid

to any TRAINED NURSE on
application.

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It stands on its merits.

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KRESS & OWEN COMPANY
210 Fulton Street, New York

MISS JEAN MATHESON, Superintendent of the Tranquille Sanatorium at Kamloops for the treatment of incipient tuberculosis, has been offered the position of Lady Superintendent in the Kamloops Hospital by the directors of the hospital, but has refused the position to continue her work in the Sanatorium.

MISS SCOTT, Superintendent of the General Hospital, Neepawa, Man., for the past two years and a half, has recently resigned her position. Mrs. Snider, a former Superintendent, was invited by the directorate to return and take charge of the hospital, and assumed her duties the first week in July.

MR. MAX J. WALTER, the Superintendent of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, has gone to Europe to investigate the latest methods used in mechanical treatments abroad. Particular attention will be given the study of pneumo-therapy under Drs. Dupont and Tissier in Paris, the medico-mechanical Zander gymnastic method used in Wiesbaden and Berlin, medical baths in Carlsbad, and the production of artificial hyperemie under Prof. Bier in Berlin. Additional apparatus will be brought over by Mr. Walter on his return to Philadelphia the latter part of September.

MARRIED.

TENCH—MCLEOD.—The marriage of Miss Alexia McLeod, formerly of Toronto, and a graduate of the Class of 1896, Grace Hospital, Toronto, took place recently at Lethbridge, Alberta to Mr. Clifford S. Tench, of Pincher Creek. Miss McLeod is a daughter of the late Mr. McLeod, of Drynoch, Ontario, and a number of relatives and friends from Toronto, Nelson, and Calgary were present. The occasion was a most happy and pleasant one. Mr. and Mrs. Tench will make their home in the far West, on Mr. Tench's ranch, near Pincher Creek.

MORRIS—HANHAM.—At Shady Dell, Wellandport, on June the 23rd, Millicent E. Hanham, graduate of H.C.H., Class '06, to Mr. Alfred Morris. Mr. and Mrs. Morris are spending their honeymoon on the Continent. Mrs. Morris will be at home in November at their home, 203 John St. North, Hamilton.

HALL—ABLE.—At the residence of the bride's father, Troy, Ont., on July the 16th, by the Rev. George Cropp, Louise M. Able, Graduate H.C.H., Class '00, to George Hall, M.D., of Montreal.

BIRTHS.

PARKE.—At Hillside Cottage, Wiarton, on July the 15th, to Mr. and Mrs. John H. Parke (Amy Friend, graduate H.C.H., Class '96), a daughter.

PATTERSON.—To Dr. and Mrs. Frank Patterson, Trail, B.C., July 23rd, a daughter. (Mrs. Patterson was Miss Sheppard, of the Lady Stanley Institute, Class 1904.)

MILLER.—On July 26th, at Chatham, Ont., a daughter to Mr. and Mrs. Albert Miller (*née* Miss Burns, graduate of St. Joseph's Hospital).



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The Nurse's Library.

The Trustees of the Toronto Orthopedic Hospital have just issued their Decennial Report, which is very interesting and finely illustrated.

The Standard of Empire is a new thing in journalism. The *London Standard* now publishes an Imperial Edition, as it may be called, which will help Imperial consciousness and help to unite distant parts of the Empire. It is published weekly, contains the latest and best news from all over the Empire. It costs, in Canada, five cents a copy, or two dollars a year. It is a good investment, and we heartily commend it to our readers.

School Hygiene and the Laws of Health. Charles Porter, M.D., M.R.C.P. London: Longmans, Green & Co. 3s. 6d. This text book, the basis of which is the author's lectures to the Teachers in Training at Sheffield Training College, is an admirable one, and we would wish to see some similar book adopted for use in our own Normal Schools. School nurses and all who take an interest in medical inspection of schools, and school hygiene, will welcome this book and read it thoughtfully. The author is Chief Sanitary Inspector of Leeds, and has held many other such appointments. He is also a barrister-at-law.

Home Nursing and Hygiene. Florence Hufton-Windust (diplômée). London: Adam and Charles Black. Toronto; The MacMillan Co., of Canada. Nurses who are frequently asked to recommend a book on Home Nursing to people in general, cannot do better than recommend this one. It is brief, clear, and correct in statement, and contains a great deal of valuable information. The author is, of course, a graduate nurse, as well as a superintendent of nurses and a lecturer on nursing.

Mind in the Making. E. J. Swift. New York: Charles Scribner's Sons. Professor Swift, who holds the Chair of Psychology and Pedagogy in Washington University, St. Louis, has produced a thoughtful study of certain psychological problems which throw a light, not only on the path of psychology, but naturally also along the path of the teacher, and along the path of any who, as nurses, must seek to study the problems of nervous, troublesome patients, who are hard to understand or care for. Many of

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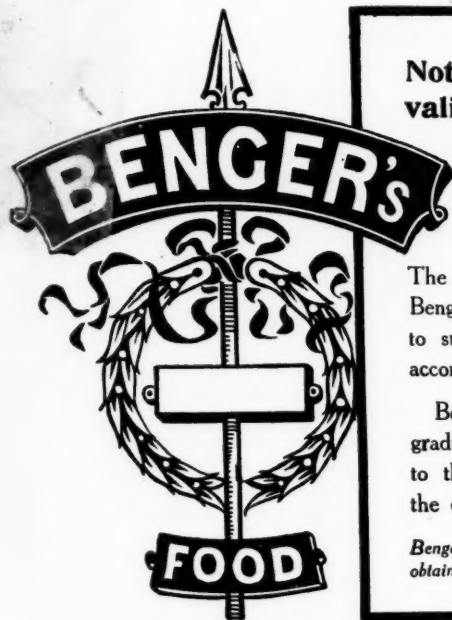
MAX J. WALTER, Superintendent

the chapters have already appeared in whole or in part in different magazines. School problems, "The Racial Brain," "The Nervous Disturbances of Development," are among the most important topics of the book, for which we predict success and a useful career.

Modern Medicine. Edited by William Osler, M.D., in seven volumes; \$6.00 per volume. New York and Philadelphia: Lea Brothers. Toronto: D. T. McAnish & Co., 123 Bay Street. In Great Britain, in Greater Britain, and in the United States, in all of which he has practised his profession and been a great personal force, Dr. Osler has more friends and followers than he could count. He has thought and wrought and encouraged, and we all know that he was *the* editor for "A System of Modern Medicine." Four volumes have already been issued of the seven, and we propose to review these, one by one, for the benefit of Canadian nurses at home and abroad. It is a pleasure to have the opportunity. No one has done more for our profession than our friend Dr. Osler. It is almost superfluous to say that any Training School Library and Nurses' Registry Library which can at all afford it, should subscribe for this work, which is a great system of medicine.

The first volume has a charming introduction on the History of Medicine, by Dr. Osler. It is a favorite subject of his. Among the other contributors are Prof. Adami, Col. Bruce, Dr. Howard, of Washington; Charles Wardell Stiles, Dr. Still and Dr. Hutchison, of London; and Dr. Fletcher, of Baltimore. There are nine parts comprised in the volume—Immunity, Diseases caused by Physical Agents, Chemical Agents, Organic Agents, Vegetable Parasites, Protozoa and Animal Parasites, Nutrition, and finally Constitutional Diseases. Our space will not permit us to say one word more. But the best book is always a priceless possession, and the mere statement of the names given is enough to show what a book this is.

ALL readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.



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THE PROTEID IRON PREPARATIONS AND THE NATIONAL FORMULARY PROPAGANDA.—There is a vigorous editorial in the *Critic and Guide* for June, which gives the conclusions of Prof. W. H. Harrison, of the Northwestern University School of Pharmacy, Chicago (see article in the April *Journal of Pharmacy* on the above subject). The editor gives the gist of the matter, as follows: And I appeal to you all to answer this question, If you had a boy or girl, wife or mother, who was very anemic and was in need of a mild, assimilable, non-irritating ferruginous tonic, would you give the original pleasant-to-eye, smell and taste—and stable pepto-mangan,* or would you give the National Formulary Liquor Ferri Peptonati cum Mangano, which is physically, pharmaceutically and therapeutically rotten (there is no other term possible), which, according to the testimony of pharmacists themselves, has a most offensive odor, alkaline, saline and nauseating taste and becomes very quickly decomposed? Would you run the risk of ruining their stomach and making them still sicker, because the imitation product may perhaps cost ten cents cheaper? And if you would not, if in your own family you would use the genuine product, why should you treat the outside public so badly?

* Gude's Pepto-Mangan.